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** CONTINUING DATA *****

This appln claims benefit of 60/402,335 08/09/2002 *AB*

** FOREIGN APPLICATIONS *****

none AB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/27/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 8	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Andrew B. Bair</i>	INITIALS <i>AB</i>		
Verified and Acknowledged				

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TITLE

Patient interface and headgear connector

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)